Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	01/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.1210b)5) 300.1210d)6) 300.1220b)2)7) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE
02/11/16

inois Department of Public Health

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	01/22/2016

AME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 7) Coordinating the care and services provided to residents in the nursing facility. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations are not met as evidenced by: Based on record review and interview, the facility failed to provide close supervision for R24, given a known history and tendency to unsafely self transfer and ambulate. R24 is one of seven residents reviewed for falls in the sample of 15. This failure resulted in R24 sustaining a hematoma to the head and a brain hemorrhage. Findings include: The Physician Order Sheet dated January 2016 documents the following diagnoses for R24: Alzheimer's Disease, Muscle Weakness, Difficulty	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	01/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 in Walking, Anxiety and Dementia with Behavioral Disturbances. The Resident Assessment Instrument (RAI) dated 6/2/15 for R24 documents the following: R24 has total dependence on staff and needs the assistance of two persons for all transfers and for toileting. R24 requires the use of assistance for ambulation on and off the unit. R24 uses a wheel chair for mobility purposes. The RAI documents that R24 has total dependence on staff for eating with the assist of one person. R24 is not able to stabilize herself without staff assistance when moving from seated to standing positions, turning around while standing and surface to surface transfers. R24's Fall Risk Assessments dated 5/15 and 5/15 document R24 as being at High Risk for Falls. Facility Nursing Notes dated 4/27/15 document that R24 is not able to be left unattended. "(R24) keeps trying to ambulate and transfer self." On 5/5/15 Nursing Notes document notification to R24's son that R24's behaviors have increased and the facility is not able to provide one on one care, alternative placement may be needed. Nursing Notes dated 5/18/15 document behaviors continue, R24 is in need of one on one care and alternative placement may be necessary. On 5/23/15, Nursing Notes document that R24 continues to attempt to get up from the wheelchair and ambulate without assistance. On 6/10/15 Nursing Notes document that R24 has been up all night and had to be brought out to the nursing desk for supervision due to R24 trying to get up per self. Facility Occurrence Reports document the following: On 4/27/15, R24 was noted on floor in	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	01/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 room. R24 "lost balance and fell." On 5/15/15, R24 was "sitting in wheelchair and had an unwitnessed fall, sustaining a laceration to the left arm. Alarm sounding." R24 is "unable to communicate what happened." R24 was sent to the emergency room for treatment and evaluation of left forearm laceration and was returned to the facility the same day. On 6/24/15 R24 "was in a chair in the dining room and got up and fell, hitting (R24's) forehead on the ground. No alarm sounding. A facility resident (unidentified) stated (R4) got up from the table to walk away and lost balance and fell striking head "very hard" on the floor." The report documents "(R24) is often restless and agitated and frequently attempts to stand up and ambulate without assistance. (R24) is unsteady during ambulation and needs assistance...(R24) is unable to communicate with staff the reason she is attempting to stand up." R24 was sent to the hospital for evaluation and treatment of a head trauma. E2, Director of Nursing documents in the follow up procedures of the facility Occurrence Report dated 6/24/15 the following: "(R24) at one time was able to walk independently. Now (R24) cannot walk a straight line, is continually stumbling over her own feet and running into walls and surroundings. (R24) cannot carry on a conversation, speaking in incomplete sentences and rambling forms of communication....has never used any form of walking aid and cannot comprehend how to use a cane or walker....has began to show times of combativeness with care and overall change in personality. Son, Power of Attorney is aware and is not able to give much assistance with one on one care or sitting due to busy work schedule. (R24) requiring one on one supervision with such poor safety awareness."	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	01/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

A Hospital report tilled "Radiology Report/Computed Tomography" of R24's brain dated 6/24/15 documents: R24 has a left forehead injury status post fall. Findings and Impression document that R24 sustained "Punctate foci of acute hemorrhage within the sulci and adjacent to the fallx within the superior posterior left parietal lobe. Subcutaneous hematoma overlying the lateral left frontal bone." R24 was admitted to the hospital for observation and returned to the facility on 6/25/15.

On 1/22/16 at 11:45 am, E2 Director of Nursing stated the facility had been trying to find different placement for R24 because of R24's need of one on one care/supervision even prior to the 6/24/15 fall. E2 stated R24's son could not help with providing one on one with R24 due to his work schedule. E2 stated she had thought about putting R24 in the second dining timeframe because there was more staff for assistance and R24 needed more supervision, but had not done it until after R24 fell on 6/24/15.

On 1/22/16 at 12:55 pm Z2, Primary Care Physician and Medical Director stated that R24 had declined mentally and physically in the last several months due to Dementia and Alzheimers. Z2 stated R24 needed closer supervision and if second dining had more staff, then that's where R24 should have been. Z2 acknowledged that R24's lack of supervision may have contributed to the fall and in turn caused the trauma to her forehead, resulting in a brain hemorrhage.

A facility Discharge Summary Report dated 7/1/15 documents that R24 was discharged and transferred to a different facility due to R24 requiring one on one care.

(A)

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6010128	A. BUILDING: _____ B. WING _____	01/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE HEALTH-MOUNT ZION	1225 WOODLAND DRIVE MOUNT ZION, IL 62549

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE

Attachment B
Imposed Plan of Correction

IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Heritage Health- Mount Zion

DATE AND TYPE OF SURVEY: January 22, 2016, Annual Licensure

300.1210(b)5)

The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

300.1210(d)(6)

General nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis.

All necessary precautions shall be taken to assure that the residents' environment remains free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

300.1220(b)(2)(7)

The DON shall supervise and oversee the nursing services of the facility, including: Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

Coordinating the care and services provided to residents in the nursing facility.

300.3240

An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

This will be accomplished by:

I. The facility will conduct an investigation of the incident and take appropriate actions. The assessments for all residents identified as high risk for falls and all residents requiring supervision will be reviewed for accuracy of the assessment and will be revised as necessary based on the outcome of the review.

II. All staff will be inserviced on resident supervision, and on follow-up assessment and monitoring of residents who are experiencing a change in condition and/or need to be reassessed for safety or level of supervision. The inservices will include all staff and will cover, at a minimum, assessment of resident risk for falls, follow-up of incidents and identifying resident changes or indicators that may require reassessment or other interventions to prevent injury or death.

III. Documentation of inservice training, assessments and related followup actions will be maintained by the facility.

IV. The Administrator and Director of Nurses will monitor Items I through III to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Ten (10) days from receipt of the Imposed Plan of Correction.

SF/ Heritage Health- Mount Zion, 2/24/2016

Attachment B
Imposed Plan of Correction